If you will be working with a preceptor this term, you must fill out a Clinical Training Credit Registration form. If you do not want to take credits, please select the option of 0 credits. These forms help establish (on paper) the Preceptor-Student relationship and help outline expectations for work, learning, and appropriate tasks and duties.

- To register for Clinical Training Credit (CTC), you must complete registration for this term and turn in this completed form with full payment (unless you are receiving a financial aid disbursement this term). If you fax this form, please call to confirm that we have received it.
- Any work you complete prior to submitting this form and payment will not count toward your total hours.
- Your supervising preceptor(s) must be approved by Birthingway.
- If you want this CTC to be counted toward your enrollment status for financial aid purposes, you must turn in this form by the Enrollment Confirmation Deadline – Monday, January 11, 2016 at 5:30 pm. After that date and time, it will not be counted and could affect your financial aid. Please ask the Financial Aid Officer if you have questions about this.
- You may register for CTC until Friday, March 11, 2016 at 3:00 pm (two weeks before the end of the term). If you wish to register for clinical training credits after that point, it must be approved by your Program Coordinator, who will issue you a Clinical Training Credit Registration Deadline Waiver which must be attached to your registration form.
- Your Time Sheet, Evaluation of Preceptor by Student, Evaluation of Student by Preceptor, and Skills Assessment Checklist must be completed and submitted to Birthingway by Monday, March 28, 2016 at 5:30 pm. After that date and time, you will receive an Incomplete. Please see the Catalog and Student Handbook for more details.
- Students can only count work towards CTC from the time a complete registration form is received until 11:59 pm on Saturday, March 26, 2016 (the last day of the term). After that date and time, any work you do cannot count towards CTC. Additional experiences may still count toward your requirements for licensure/certification, but may not be used for college credit.
- If you’ve already registered for Clinical Training Credit for this term and wish to add more credits, please fill out a new Clinical Training Credit Registration form and only check the number of credits you wish to add (not your total number of credits).

What qualifies as appropriate clinical training tasks or duties:

- **Direct client care***
  - in-person consultation, phone conversations with clients, providing client education
  - Processing lab work
  - Filing client information
  - Charting
  - Cleaning and maintaining clinic/office space
  - Ordering/purchasing supplies
- Writing client information forms
- Maintaining a client library
- Maintaining equipment
- Attending staff meetings
- Completing statistical forms
- Transporting to and from one home visit per client
- Attending Peer Review

*Direct client care must constitute at least 50% of the work performed*

You can use this table to calculate the number of credits you will be taking and the total cost. 1 Credit is equal to 30 hours of Clinical Training and costs $218. Please use the option of 0 Credits to indicate your intent to begin clinical training credit with the preceptor(s) listed on this form.

<table>
<thead>
<tr>
<th>Credits</th>
<th>Hours</th>
<th>$218 per credit</th>
<th>Credits</th>
<th>Hours</th>
<th>$218 per credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>&gt;30</td>
<td>$0.00</td>
<td>7</td>
<td>210</td>
<td>$1526.00</td>
</tr>
<tr>
<td>1</td>
<td>30</td>
<td>$218.00</td>
<td>8</td>
<td>240</td>
<td>$1744.00</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>$436.00</td>
<td>9</td>
<td>270</td>
<td>$1962.00</td>
</tr>
<tr>
<td>3</td>
<td>90</td>
<td>$654.00</td>
<td>10</td>
<td>300</td>
<td>$2180.00</td>
</tr>
<tr>
<td>4</td>
<td>120</td>
<td>$872.00</td>
<td>11</td>
<td>330</td>
<td>$2398.00</td>
</tr>
<tr>
<td>5</td>
<td>150</td>
<td>$1090.00</td>
<td>12</td>
<td>360</td>
<td>$2616.00</td>
</tr>
<tr>
<td>6</td>
<td>180</td>
<td>$1308.00</td>
<td>x</td>
<td>(30)(x)</td>
<td>($218)(x)</td>
</tr>
</tbody>
</table>

Page 1 of 2
### Lactation Consultation Program - Clinical Training Credit Registration Form - WINTER 2016 TERM

#### STUDENT

<table>
<thead>
<tr>
<th>Legal First Name:</th>
<th>Legal Middle Initial:</th>
<th>Legal Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SUPERVISING PRECEPTOR

<table>
<thead>
<tr>
<th>Legal First Name:</th>
<th>Legal Middle Initial:</th>
<th>Legal Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Business Address/Clinical Training Site:**

**Secondary Business Address/Clinical Training Site**

To add more clinical training sites, please fill out and attach an *Additional Preceptors and Clinical Training Sites* form.

**I would like to register for the following number of Clinical Training Credits:**

<table>
<thead>
<tr>
<th>Number of Hours (credits x 30):</th>
<th>Total Cost (credits x $218):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE NOTE:** If you've already registered for Clinical Training Credit for this term and wish to add more credits, please fill out a new *Clinical Training Credit Registration* form and write in the number of credits you wish to add (not your total number of credits).

**STUDENT**

- I agree to complete the number of hours indicated (see above) of appropriate clinical training duties and tasks as determined by my preceptor (and defined on *Page 1*).
- I agree to complete and turn in the clinical training paperwork as outlined above.
- I understand that I may work more than the required minimum hours but that credit awarded will not be adjusted.

**Student (printed name) *Required*  Student (signature) *Required*  Date**

**PRECEPTOR(S)**

When estimating how many hours of work to agree to, consider the approximate number of clients the student will be attending during the term (or other methods you feel are appropriate).

As Supervising Preceptor, I guarantee to provide at least the number of hours indicated (see above) of clinical training duties and tasks (as defined on *Page 1*) during the contracted term. I agree to supervise the Student appropriately and meet all of the responsibilities of a clinical preceptor, including completing required paperwork.

**Supervising Preceptor (printed name) *Required*  Supervising Preceptor (signature) *Required*  Date**

**Co-Preceptor (printed name)  Co-Preceptor (signature)  Date**

**Co-Preceptor (printed name)  Co-Preceptor (signature)  Date**

**Co-Preceptor (printed name)  Co-Preceptor (signature)  Date**

**Co-Preceptor:** another Birthingway-approved preceptor in the same practice as the Supervising Preceptor with whom the Student may sometimes be supervised in clinical training. To list additional preceptors, please fill out an *Additional Preceptors and Clinical Sites* form, available on our website at [http://www.birthingway.edu/for-students/registration](http://www.birthingway.edu/for-students/registration)

---

Office Use Only

Date/time/payment/initial

Please route in this order: FAC FIN REG FIN FAC LPC File

---